## LOBBYIST REGISTRATION FORM

Please print or type

If registering to lobby only public servants of state government\* file with:
Charlie Daniels, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

For assistance in completing this form contact: Arkansas Ethics Commission Post Office Box 1917 Little Rock, AR 72203 Phone (501) 324-9600 Toll Free (800) 422-7773

Fax (501) 002-5400	
a district which includes all or part of more than of Ark. Code Ann. § 21-8-602 to determine where to	ipal government, (ii) county government, (iii) a governmental body covering one county, or (iv) more than one type of governmental body should review make their filings.
Reg	istration for 2007 (year) (AN 0 = 2007
- Che	eck if this is an amended registration JAN 05 2007
	CHARLIE DANIELS SECRETARY OF ST
	Entity to be Lobbied Check each applicable box
Members of the General Assembly	Public Servants of State Government
Public Servants of County Government	J) - SV2 me ott aminivi
Public Servants of Municipal Govern	nment Fayetteville, Hikausas  Name of Municipality
And the second s	Type of Registration  Check only one box
F Ind	ividual Lobbyist
Name of individual lobbyist or firm \( \lambda \cdot \	ersity of Arkansas, Fayetherillo
ATMN 407	<u> </u>
city Fareteuille star	te R zip 72701 Phone 479-575-7964
If registering as a firm, list the name of a	contact person:
If registering as a firm, list the name of ea	ach person who is authorized to lobby for the firm:
Print Name	Signature
Print Name	
Print Name	Signature

Lobbyist Registration Form Page Two

Client/Employer
List each client or employer for whom you lobby
All information must be complete

COL: 45	Adultina Addana	Dhana	Type of Business/Entity
Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity
U of A Fayeffeville	ADMN 407 FareHeville, AR 72701	479-575	University
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I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

Signature of Individual Lobbyist/Contact Person for Firm

Date